SCHEDULE A	A (FEC	Form	3X)
ITEMIZED RI	ECE	EIPTS		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 1 (check only one) 11a 11b 11c 12				
Δn	y information copied from such Reports and Sta	temente m	ev not be sold or used by any no	13 14 15 16 17				
	for commercial purposes, other than using the n							
	NAME OF COMMITTEE (In Full)							
2	INTERNATIONAL CHIROPRACT	ORS A	SSOCTATION POLIT	CAL ACTION COMMITTEE				
	Full Name (Last, First, Middle Initial)	Sr		Date of Receipt				
A.	Marshall Dickholtz, Sr. Mailing Address			[_M] \				
	3420 W. Peterson Avenue	0.4 0.2 2008						
	City							
	Chicago IL 60659			Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		APPLICABLE	\$200.00				
	Name of Employer	Occupation)	-				
	self-employed	chiro	practor					
	Pagaint For:		Year-to-Date ▼					
	Primary General		¢200 00					
	Other (specify) ▼ donation	\$200.00						
_	Full Name (Last, First, Middle Initial)		·					
В.	Ronald M. Hendrickson	Date of Receipt						
	Mailing Address	114001		[mvm] \ [ovo] \ [vvvvvvv]				
	1122-B North Stafford S	State		0.6 16 2008				
	Arlington		Zip Code ZA 22201	Amount of Each Descint this Period				
		<u></u>		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	CNC	T APPLICABLE	\$1,000.00				
	Name of Employer Int'l Chiropractors Assn. Association							
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		· +1 -0.0 -0.0					
	donation	<u></u>	<u>^\$4,000.400</u> _					
_	Full Name (Last, First, Middle Initial)							
C.	Dr. John K. Maltby			Date of Receipt				
	Mailing Address			04 / 23 / 2008				
	320 East Hobson Way City State		Zip Code					
	Blythe	Ciuio (CA 210 Code 92225	Amount of Each Receipt this Period				
	FEC ID number of contributing		<u>^~~~~~~~~</u>					
	federal political committee.	CNO	r_APPLICABLE	\$1,000.00				
	Name of Employer	Occupation	1	\dashv				
	self-employed	chir	opractor					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	<u></u>	\$1,000.00					
	X Other (specify) ▼ donation		4 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
г	dolla CTOII							
٤	SUBTOTAL of Receipts This Page (optional)							
1	OTAL This Period (last page this line number o	\$2,200.00						